BY ORDER OF THE COMMANDER
AIR FORCE MATERIEL COMMAND

AFMC INSTRUCTION 90-301

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Command Policy

OCCUPATIONAL INJURY AND ILLNESS REPORTING

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFMC WWW site at: **http://www.afmc-mil.wpafb.af.mil/pdl**

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This reporting instruction establishes organizational roles and responsibilities, and procedures for identifying, investigating, managing, reporting and the case management of occupational injuries and illnesses (OI&I), within AFMC. Target population for this instruction is civilian government workers serviced by the Federal Employees' Compensation Act (FECA). Early identification and investigation of OI&I, along with a team approach to active case management is critical to determine occupational relatedness, to return workers to productive employment and to develop prevention strategies for further reduction OI&I, thereby providing improved safety, well-being and productivity of human resources. See **Attachment 1** for a glossary of references and supporting information. This instruction also mandates the use of AFMC Form 12, **Record of Injury/Illness and Treatment** (**Attachment 2**), and a local version of a Civilian Return-To-Duty form (**Attachment 3**) throughout AFMC as the official reporting and tracking tool for OI&I. An effective return-to-work program requires a pro-active team approach to accommodate injured employees. This is outlined in the Return-To-Duty Working Group Charter (**Attachment 4**).

1. Objectives:

1.1. Build healthy communities through early identification and prevention of occupational injuries and illnesses.

1.2. Increase operational capabilities by improving/maintaining health.

1.3. Reduce the occurrence of OI&Is and associated adverse outcomes.

1.4. Define the processes for and standardize the roles, responsibilities, and procedures for the OI&I program.

1.5. Improve processes for determining occupational relatedness of injuries and illnesses.

1.6. Provide early case management interventions for employees with work related injuries to facilitate optimal medical outcomes with early and safe returns to work.

1.7. Implement new or additional preventive measures to reduce or eliminate OI&Is.

1.8. Increase awareness and control of FECA Program costs.

2. Responsibilities:

2.1. Installation or Center Commander:

2.1.1. Ensures a multidisciplinary committee is established and meets functional requirements (paragraph **2.2.**). This requirement may be met by the Installation or Center Air Force Occupational and Environmental Safety, Fire Protection, and Health Program (AFOSH) or the installation FECA Working Group (WG).

2.1.2. Ensures membership is multidisciplinary to properly manage the OI&I process. Membership should include, as a minimum, representatives from operations, logistics, product directorates, medical, safety, personnel, security forces, civil engineering, and legal.

2.1.3. Implements this instruction through the multidisciplinary committee and provides resources necessary to meet this Occupational Reporting Instruction's objectives.

2.1.4. Ensures union representation is included where such inclusion applies based on negotiated agreements.

2.2. Multidisciplinary Committee (i.e., AFOSH Council or FECA WG):

2.2.1. Reports directly to the Installation or Center Commander and acts as the focal point for managing the OI&I program and related activities.

2.2.2. Ensures installation organizations comply with AFMC OI&I Reporting Instruction requirements.

2.2.3. Coordinates resource requests to improve programs under the purview of the multidisciplinary team.

2.2.4. Ensures OI&I program is in compliance with federal, state, DoD and AF regulations and with labor-management agreements.

2.2.5. Reviews the following metrics gathered from associated civilian OI&I activities on a quarterly basis. After review, forwards data to HQ AFMC/DPC/SGP/SEG.

2.2.5.1. Number of ACTIVE/OPEN civilian workers' compensation cases to date (may be cases that originated before the reporting quarter).

2.2.5.2. Number of NEW civilian cases within the reporting quarter.

2.2.5.3. Total compensation FUNDS PAID within the reporting quarter.

2.2.5.4. Return-To-Duty (from a data set of all reported injury and illness cases initiated in the reporting quarter – assign each reported injury and illness case to only one of the following three categories).

2.2.5.4.1. Total number civilians injury/illness cases who have one or more LOST DUTY days beyond the day of injury/illness.

2.2.5.4.2. Total number of civilian injury/illness cases returned to LIMITED DUTY at first clinic visit and have not had a lost duty day.

2.2.5.4.3. Total number of civilian injury/illness cases returned to REGULAR DUTY at first clinic visit and have not had a lost duty day.

2.2.6. Ensures installation/center organizations are adequately trained to execute AFMC OI&I Reporting Instruction requirements.

2.2.7. Establishes a Return-To-Duty Working Group (RTD WG) (or functional equivalent which meets the intent and purpose of the requirements of the Return-To-Duty Working Group Charter, **Attachment 4**).

2.2.8. Establishes goals and objectives for the installation/center to gather metrics for data sets (paragraph **2.2.5.**).

2.2.9. Uses Operational Risk Management principles to establish priorities as outlined in AFI 90-901, *Operational Risk Management*.

2.2.10. Provides HQ AFMC/DPC/SGP/SEG with an annual update on goals and objectives and status of achieving set goals and objectives by 30 June of each year.

2.2.11. Provides feedback to HQ AFMC/DPC/SGP/SEG on effectiveness and efficiency of the AFMC Occupational Injury and Illness Reporting Instruction.

2.2.12. Process Notes: For smaller AFMC units, the multidisciplinary team may request changes or deviations to this instruction through HQ AFMC/SGP, who will coordinate the request with HQ AFMC/SEG/DPC and AFGE Council 214 at HQ.

2.3. Medical:

2.3.1. Military Treatment Facility Physician (Occupational Medicine, Primary Care, Flight Surgeon, Emergency Dept). Under the occupational illness/injury program, provide healthcare services for identification and investigation of confirmed and suspected injury and illness. When necessary, initiate an illness investigation that includes a workplace exposure assessment to determine causality. For civilian employees who receive medical care in the private sector, review the recommendation of the private medical doctor (PMD) and make official return-to-duty determinations based on physical demands of the employee's normal job. When necessary, refer injury/illness cases to RTD WG to facilitate return-to-work options. Military Treatment Facility (MTF) physician works closely with Medical Case Manager/Public Health (MCM/PH) and Civilian Personnel Office (CPO).

2.3.1.1. Process Note: Medical Group Commander appoints a Flight Medicine or Occupational Medicine Service (OMS) physician knowledgeable and familiar with installation workplaces to act as a clinical consultant to primary care managers/physicians for occupational issues.

2.3.2. Medical Case Manager/Public Health (MCM/PH): MCM/PH collects and maintains documentation for all occupational injuries and illnesses, assures all applicable medical record-keeping requirements are met, and tracks lost and/or limited duty time until the employee returns to regular duty. The MCM/PH communicates with supervisors and works closely with CPO and MTF physician, to optimize timely return-to-work of OI&I cases. The MCM/PH duties consist of illness/injury case management, optimization of care resources, and the collection and reporting of illness/injury data. MCM/PH reviews employee cases that exceed expected recovery period based on diagnosis, severity and functional duty requirements of the job and elevate certain cases to the RTD WG as necessary. MCM/PH provides epidemiological data and trend analysis to applicable MTF physicians at least annually. Prepares Return-To-Duty metrics as described in **paragraph 2.2.5.4.** and forwards to CPO for inclusion in quarterly reports to the multidisciplinary team.

2.3.2.1. Process Note: The Aerospace Medicine Squadron Commander (or equivalent) is responsible for the delineation of the functional roles and responsibilities between OMS, PH and MCM. At some AFMC installations, PH will function as the MCM, and at others the MCM may exist within OMS. The commander also designates the reporting chain for the MCM.

2.3.3. Bioenvironmental Engineering (BE): Conduct illness investigation to identify causative work place exposures and identify recommendations to mitigate and prevent the recurrence of occupationally related illnesses. Cross-feed investigation reports to OMS, PH, and Safety (SE). Inform SE of potential or real hazards for mishap prevention purposes.

2.4. Civilian Personnel Office (CPO): CPO and Injury Compensation Program Administrator (ICPA) is the official liaison and gateway for all workers compensation claims processing at installation. Works closely with workers, supervisors, managers, case managers, PMD and MTF staff and physicians, DoD and Department of Labor (DoL) program personnel on issues relevant to OI&I. Provides counseling to workers regarding claim procedures and processing. Compiles and coordinates compensation data relevant for adjudication and/or controversion of compensation claims. Works closely with MCM/PH and MTF physicians in injury/illness case management. CPO collects and analyzes DoL data as described in **paragraph 2.2.5.** and creates summary reports as directed by the multidisciplinary team.

2.5. Safety (SE): SE investigates, reports, and tracks injury mishaps as required by AFI 91-204 and its supplements. SE, PH, and BE cross-feed injury/illness information for mishap/incident prevention purposes. SE assists MCM/PH or BE in suspected occupational illness investigations as requested.

2.6. Commander/Supervisor: Refers all workers who self-identify with occupational injury/illness to MTF physician for official documentation.

2.6.1. Process note: The American Disabilities Act (ADA) prohibits involuntary disclosure of private health information to the supervisor. All work and non-work-related medical notes or documentation from PMD will be interpreted by MTF physician and duty limitation written on Civilian Return-To-Duty form (**Attachment 3**).

3. Process Elements.

3.1. AFMC Form 12 is a critical part to initiating illness/injury reporting. The form will be used to report both occupational illnesses and injuries, but an equivalent form may be used if approved by the multidisciplinary team. AF Form 190, **Occupational Illness/Injury Report**, or equivalent, is used for illness investigation. Neither AF Form 190 or AFMC Form 12 are a replacement or substitute for the DoL Office of Workers Compensation Program (OWCP) forms (CA-1, CA-2, CA-2a, CA-6) or relieve any parties from the responsibility of distributing or completing the OWCP forms.

3.1.1. Process Note: AFMC Form 12 is also used for all active duty injury/illness reporting, both on and off duty. Tracking and analysis of active duty AFMC Forms 12 will be the responsibility of SE. Active duty work limitations are handled through prescribed profile and medical evaluation board processes according to AFI 48-123, *Medical Examinations and Standards.*

3.1.2. Process Note: According to public law, eligible DoD civilians with work-related injuries or illness may choose to obtain care from military health systems for initial treatment and on-going case management to cure, give relief, reduce the disability, or aid in the reduction of occupational-related burdens. Their care in MTF's is authorized and discussed in AFI 41-114, *Authorized Health Care and Health Care Benefits in the Military Health System (MHS),* and AFH 41-114, *Military Health Services (MHSS) Matrix.*

3.1.3. Process Note: A worker's designated choice of treating provider is protected by FECA. Initial care and/or treatment of OI&I at MTF does not imply choice of physician for ongoing care. At the end of this visit, it is crucial to determine who the injured or ill worker elects as the treating physician. The worker should know that he or she has the choice of being treated for OI&I by either the MTF physician or a qualified PMD as defined by FECA and who accepts Federal Worker's Compensation. This choice should be documented in the medical record. Ongoing visits to the MTF should be scheduled after every PMD visit, or minimally every 4 weeks, for case management and review of duty limitations.

3.1.4. Process Note: At some installations a Medical Treatment – Form CA-16 is used to authorize initial medical treatment. But each installation should contact their CPO office to determine the local policy for using this form. Agency personnel are encouraged to use discretion in issuing authorizations with a CA-16 as this authorizes guaranteed payment before a claim has been processed by OWCP.

3.1.5. HQ AFMC/SG will assist those installations without 24-hour on-base medical facilities, to establish injury/illness reporting requirements in all contracts, host-tenant or other agreements for medical services. Such agreements may waive the requirement for FMC Form 12, but will require delivery of similar information in a timely manner.

3.2. Identification Phase (**Attachment 5**):

3.2.1. All MTF physicians and clinical providers should consider occupational-relatedness for each diagnosis at the time of worker visit and may consult with OMS, BE, PH or refer the worker to the occupational clinical consultant as appropriate.

3.2.2. The MTF physician ensures that an AFMC Form 12 (**Attachment 2**), and a locally produced Civilian Return-To-Duty form (**Attachment 3**), are completed at first opportunity for all reported civilian occupational injury and illness. The physician determines initial diagnosis, disposition and follow-up instructions. The clinic ensures page 2 of AFMC Form 12 is forwarded to

the MCM/PH and then to SE. The worker hand carries pages 3-6 of AFMC Form 12 and a copy of the Civilian Return-To-Duty form, to their supervisor.

3.2.2.1. MCM/PH ensures an AFMC Form 12 is completed for all suspected OI& I events and follows the case until the injury or illness is resolved.

3.2.2.2. Workers reporting occupational injury will receive a CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, with locally developed instruction sheet at first MTF visit.

3.2.2.3. Workers reporting occupational illness will receive CA-2, Notice of Occupational Disease and Claim for Compensation, with locally produced instruction sheet at first MTF visit.

3.2.3. Civilian workers first seen by their PMD for a work-related injury or illness, will report to military MTF for OI&I reporting without delay. The worker should bring copies of PMD documentation with diagnosis and recommended disposition and limitations.

3.2.3.1. MTF physician reviews notification of injury/illness from worker's PMD. MTF physician may elect to clinically evaluate the worker, then initiates AFMC Form 12 for work-related OI&I and prepares a Civilian Return-To-Duty form.

3.2.3.2. If a worker already has an OWCP-designated treating physician, the MTF physician will annotate the PMD-determined diagnosis along with current relevant clinical exam notes.

3.2.3.3. Civilian workers seen by their PMD for non-work related conditions where the PMD has recommended temporary or permanent duty limitations, will report to military MTF for a Civilian Return-To-Duty form.

3.2.3.4. MTF may request the worker to sign a release of information form authorizing MTF to request information relevant to the condition in question from PMD.

3.2.4. Physical Therapy/Occupational Therapy (PT/OT) providers will screen all clients to identify unreported occupational illness in government workers during therapy treatment.

3.2.4.1. PT/OT will initiate an AFMC Form 12 and annotate the referring primary provider's name and original diagnosis. PT/OT will distribute the form as described in **paragraph 3.2.2.**

3.2.5. MTF files AFMC Form 12, page 1 in occupational medical record.

3.2.5.1. MTF tracks occupational injuries and illnesses in response to medical and installation needs. MTF emergency department should file AFMC Form 12 as described in **paragraph 3.2.2.**, and keep a log of treated civilian injuries on AF Form 739 or equivalent. MTF clinics outside of the normal patient flow for non-emergent civilian occupational injury/illness reporting may use the AF Form 739 or equivalent.

3.2.6. MCM/PH attempts to identify unreported occupational injury and illness by reviewing AF Form 739 logs from MTF clinics, and custom queries of computer systems (i.e. Composite Healthcare System (CHCS), Automated Data System (ADS), and/or Corporate Executive Information System (CEIS) or other computer systems).

3.2.7. Supervisors of injured/ill workers who have reported OI&I to MTF physician will complete page 2 of CA-1 or CA-2/CA-2a and forward to CPO within 3 duty days.

3.3. Investigation (**Attachment 6**.):

3.3.1. The MCM/PH collects and maintains ongoing documentation for all occupational injuries and illness investigations until the case returns to regular duty and no further medical intervention is needed or until the employee terminates employment.

3.3.1.1. Process Note: The DoL issued a memo, dated 1 May 2000, to all federal agencies regarding case intervention by the DoL-assigned nurses during the COP pay period exceeding greater than 45 days lost time. Employing MTF staff should cease active case management involvement with any worker and their PMD physician as soon as a DoL nurse is assigned to the case. It is appropriate to communicate with the DoL-assigned nurse during the COP period, to get updates to case and expected recovery times, but not the worker. The installation ICPA should continue their usual role in managing these cases as previously established in guidelines. It is imperative that installation personnel notify the DoL or the appropriate liaison when a worker eventually returns to work. This will eliminate DoL-assigned nurses from calling workers only to find the worker has returned to work, which incurs unnecessary costs for the federal government.

3.3.2. The supervisor of the injured or ill employee reviews the injury or illness incident and completes the required sections on pages 4-6 of AFMC Form 12. These forms are sent to SE and CPO as directed on the form. Supervisor also ensures the injured or ill employee reports to the servicing MTF, regardless of physician choice, for initial injury/illness reporting and later at intervals recommended by military MTF for medical case management and review of recommended duty limitations or duty status.

3.3.3. SE investigates, reports and tracks injury incidents as required by AFI 91-204 and its supplements.

3.3.3.1. SE receives, reviews and tracks all supervisors' copies of AFMC Form 12.

3.3.4. MCM/PH initiates and tracks all illness investigation. All potential illness cases are entered on OSHA 200 log per 29 CFR Part 1960. MCM/PH initiates AF Form 190 ensuring that it contains sufficient information of conditions, circumstances, and risk factors that the worker alleges caused or aggravated the suspected illness so as to direct the BE to the areas in question. MCM/PH uses prudent judgment to determine whether a full workplace investigation is required. The purpose of the investigation is to identify exposures, establish causation and dose-relationship of alleged exposures and take steps to prevent further harm to the worker or their co-workers as needed. The AF Form 190 investigation provides evidence so the occupational clinical consultant can determine work-relatedness.

3.3.4.1. A formal on-site workplace investigation may **NOT** be required:

3.3.4.1.1. if the information provided on AFMC Form 12 clearly does not indicate occupational relatedness and no data supports the requirement to proceed; **OR**

3.3.4.1.2. if it will not reveal relevant information to confirm or rule out occupational relatedness; **OR**

3.3.4.1.3. the data compiled from medical information, interviews, and/or the workplace facility folder is sufficient for the clinical occupational consultant to decide occupational relatedness; **AND**

3.3.4.1.4. there is no risk to other employees and no prevention measures can be taken.

3.3.4.1.5. **Then** MCM/PH documents findings on AF Form 190 and forwards to the occupational clinical consultant to confirm or non-confirm occupational illness. MCM/PH annotates the judgment of the occupational clinical consultant on the OSHA 200 log. Confirmed illnesses are reportable events according to 29 CFR 1904-1952.

3.3.4.2. MCM/PH ensures that the information on the AF Form 190 is adequate to conduct a detailed investigation and forwards the AF Form 190 to BE for workplace investigation along with a copy of AFMC Form 12. Case urgency should be communicated to the BE so work loads can be adjusted and expected completion dates met.

3.3.5. The BE-directed illness investigation includes relevant task information, hazard lists, quantitative/qualitative exposure data, implemented prevention and control measures, and other pertinent information that assists in determining whether the suspected illness has a causal relationship to worker's occupational requirements or environmental conditions.

3.3.5.1. BE consults with SE, MCM/PH, and MTF physician and/or occupational clinical consultant as necessary.

3.3.5.2. BE documents investigation findings, using guidance in **Attachment 6**, on the AF Form 190, Block 31 and dates/signs Box 32 and 33.

3.3.5.3. BE identifies prevention and control measures in a separate letter to shop supervisor and places a copy of this letter and a copy of the AF Form 190 in the case file. BE forwards the original AF Form 190 and copy of the supervisor's letter to MCM/PH.

3.3.6. MCM/PH coordinates recommendations with responsible flights/organizations as defined by regulation (i.e., PH for occupational health-related training, BE for respiratory protection, SE for other personal protective equipment, etc).

3.3.6.1. MCM/PH informs the working group within Aerospace Medicine responsible for shop surveillance of increased occurrence, or any unusual or unexpected OI&I trends in shops under their purview.

3.3.7. CPO receives supervisor copy of AFMC Form 12 and establishes FECA record-keeping and documentation according to Title 20 C.F.R. Parts 1-25. CPO uses all available resources including MCM/PH, MTF physician and/or occupational clinical consultant, along with DoL strategies to facilitate early return-to-work and case closure.

3.3.7.1. CPO executes a comprehensive compensation reduction program through tailored case investigations.

3.4. Reporting Phase:

3.4.1. CPO collaborates with MTF physicians and MCM/PH regarding claim status and forwards copies of all relevant medical documentation pertinent to the OI&I case to MCM/PH for coordination with MTF physician and inclusion in the worker's occupational medical record. CPO utilizes MCM/PH and MTF physician for technical advice and medical case management assistance.

3.4.1.1. Process Note: Decisions on acceptance or rejection of claims, on-going treatment records and other appropriate documentation should be forwarded expeditiously to the MTF for inclusion in the worker's occupational medical record. The MTF physician must be informed about claim approval, disapproval, and controversion. Without this information, the MTF physician may unknowingly continue treatment of the worker and incur liability for the

USAF for cases outside of agency responsibility.

3.4.1.2. CPO receives completed CA-1 from supervisor and, once processed, sends a copy to SE and MCM/PH for coordination and inclusion in the occupational medical record.

3.4.1.3. CPO receives CA-2/CA-2A and, once processed, sends a copy to MCM/PH for coordination and inclusion in the occupational medical record.

3.4.1.4. CPO forwards copy of CA-6, Official Superior's Report of Employee's Death, to SE and MCM/PH for inclusion in the occupational medical record.

3.4.1.5. CPO collects and reports metrics to the multidisciplinary team as defined in **paragraph 2.2.5.**

3.5. MCM reports metrics from **paragraph 2.2.5.4.** to CPO for inclusion in reports to multidisciplinary team.

3.5.1. MCM/PH prepares monthly list of all confirmed occupational illnesses and those that also filed a CA-2 or CA-2a, and forwards to SE monthly.

3.6. SE prepares occupational injury and illness reports, including annual summary, according to AFI 91-204.

3.7. CPO collects and reports program metrics to the multidisciplinary team as a measure of program effectiveness.

3.8. Case Management (**Attachment 7**):

3.8.1. CPO/MTF physician/MCM/PH make up the case management team and meet regularly (at least monthly) to collaborate on cases that, by nature of their medical complexity or extended recovery periods, need an integrated team approach. This group use published disability guidelines for Return-To-Work issues (i.e. *Occupational Disability Guidelines* by Work-Loss Data Institute or *Medical Disability Advis*or by Reed Group).

3.8.1.1. Process Note: Disclosures and discussion within this group will be compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA) as per 45CFR 164.512(l).

3.8.1.2. The case management team work together to optimize access to appropriate on-site and off-site care for OI&I workers. Close communication between the members of this group will better identify gaps and other factors contributing to extended disability of injured and ill workers.

3.8.1.3. The case management team will refer cases to the Return-To-Duty Working Group when coordination with supervisors and/or union participation may be useful.

3.8.1.4. MCM/PH may conduct periodic shop visits to evaluate limited duty accommodations.

3.9. Return-To-Duty Working Group (RTD WG) (**Attachment 4**).

3.9.1. CPO serves as the chairperson of the RTD WG.

3.9.2. The purpose of the RTD WG is to return civilian workers to full or limited duty as soon as he or she can perform the duties of the position held at the time of the injury, or equivalent wages. This facilitates early and safe return to work and ensures work limitations can be accommodated within the installation without undue hardship.

3.9.3. Provides employment support for RTD programs.

3.9.4. Assists management in developing and maintaining light-duty assignments for suitable duties consistent with the employee's limitations, to include efforts to accommodate physical limitations with alternative job assignments.

3.9.5. Anyone can request an OI&I RTD WG case review including the worker, supervisor, SE, MTF physician, MCM/PH, CPO, or Union Representative.

3.9.6. The RTD WG may recommend program changes as necessary to comply with the Code of Federal Regulations and the administration of FECA policy.

3.9.7. CPO will notify Air Force Office of Special Investigations (AFOSIs) of suspect or fraudulent injury or illness FECA claims that may arise during case management.

3.9.7.1. CPO provides support to AFOSI investigative efforts in alleged or suspected injury or illness FECA fraud by providing necessary documentation to objectively investigate possible fraudulent claims.

3.9.8. CPO provides re-employment support when needed.

3.9.9. Unit Commander/Supervisor identifies jobs for consideration in light duty positions.

3.9.10. Unit Commander/Supervisor assists with workplace assessments to determine light duty positions.

3.9.11. Unit Commander/Supervisor provides feedback and recommends changes to RTD WG regarding light duty positions.

3.9.12. Unit Commander/Supervisor participates in the RTD WG as needed.

THOMAS S. BAILEY, JR., Brig Gen, USAF, DC
Command Surgeon

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

20 CFR Parts 10 and 25, *Office of Workers' Compensation Programs (OWCP)*

29 CFR Part 1910, *Occupational Safety and Health (OSH) Standards*

29 CFR Part 1960, *Basic Program Elements for Federal Employee OSH Programs and Related Matters*

29 CFR Part 1904-1952, *Occupational Injury and Illness Recording and Reporting Requirements*

DoD Directive 1400.25-M, *DoD Civilian Personnel Management System*

DoD Instruction 6055.1, *DoD Safety and Occupational Health Program*

DoD Instruction 6055.5, *Industrial Hygiene and Occupational Health*

DoD Instruction 6055.7, *Mishap Investigation, Reporting, and Recordkeeping*

Publication CA-810, *Injury Compensation for Federal Employees*

AFPD 48-1, *Aerospace Medical Program*

AFPD 90-8, *Environment, Safety, and Occupational Health*

AFPD 91-3, *Occupational Safety and Health Program Policy*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health System (MHS)*

AFH 41-114, *Military Health Services System (MHSS) Matrix*

AFI 48-101, *Aerospace Medical Operations*

AFI 48-123, *Medical Examination and Standards*

AFI 91-202, *US Air Force Mishap Prevention Program*

AFI 91-204, *Safety Investigations and Reports*

AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program*

AFI 44-102, *Community Health Management*

AFI 90-901, *Operational Risk Management*

AFMCI 90-902, *Operational Risk Management*

Abbreviations and Acronyms

AD—Active Duty

ADS—Automated Data System

AFI—Air Force Instruction

AFMC—Air Force Materiel Command

AFOSH—Air Force Occupational and Environmental Safety, Fire Protection and Health Program

AFOSI—Air Force Office of Special Investigations

AFPD—Air Force Policy Directive

BE—Bioenvironmental Engineering

CCS—Command Core System

CEIS—Corporate Executive Information System

CHCS—Composite Health Care System

CFR—Code of Federal Regulation

CPO—Civilian Personnel Office

DoD—Department of Defense

DoL—Department of Labor

FECA—Federal Employees' Compensation Act

FECA WG—Installation's Federal Employees' Compensation Act Working Group

ICPA—Injury Compensation Program Administrator

MCM—Medical Case Manager

MTF—Military Treatment Facility

N/A—Not Applicable

OHWG—Occupational Health Working Group

OI&I—Occupational Injury and Illness

OMS—Occupational Medicine Services Clinic

OSH—Occupational Safety and Health

OSHA—Occupational Safety and Health Administration

OWCP—Office of Workers' Compensation Programs

PPE—Personal Protective Equipment

PH—Public Health

PMD—Private Medical Doctor

RTD—Return-To-Duty

SE—Installation Safety Office

WG—Working Group

Terms

Case Management—Involves assessment of individual health needs, efficient facilitation/coordination of health/medical services, and monitoring of service outcomes to promote employee health, recovery and return to duty in an expeditious manner.

Disability—The incapacity, because of employment injury, to earn the wages the employee was receiving

at the time of the injury. It may be partial or total.

Exposure—The reasonable likelihood that a worker is or was subject to some effect, influence, or safety hazard; or in contact with a hazardous chemical or physical agent at a sufficient concentration and duration to produce illness.

Illness—A physiological harm or loss of capacity produced by the work environment over a period longer than a single workday or shift. For reporting purposes, 'date of illness' may be documented as the date the employee first made an association between work environment and physiological harm or loss of capacity. For practical purposes, an occupational illness/disease is any reported condition, which does not meet the definition of injury.

Injury—A medical condition of the body caused by a specific unplanned event or incident, or series of events or incidents, within a single workday or shift. This is determined on the basis of the attending physician's statement that a medical condition is present that could be related to the incident. Resulting conditions are generally identifiable as to time and place of occurrence and member or function of the body affected.

Light-Duty Positions—Specific temporary positions for employees recovering from OI&I, that offer safe, meaningful work, for wages equivalent to position held before injury/illness, so the employee can resume Federal employment as defined within 20 CFR Part 10.

Limited-Duty—The temporary or permanent duty assignment or work instruction, defined or interpreted from medical evidence by a MTF physician, that restricts normal work duties for any or all of a work shift. Limited duty may be described by restricted function, time, capacity or repetition.

Limited-Duty Day—A workday (beyond the day or shift on which OI&I occurred) where the worker was under physician-defined limited duty for any or all of a work shift.

Lost-Duty—The temporary duty assignment of an employee who is recovering from a job-related injury or illness and is physically or mentally unable to perform any type of work assignment, based upon medical evidence submitted from a physician.

Lost-Duty Day—A lost workday involving 8 hours or more away from work beyond the day or shift on which a work-related OI&I occurred. Do not count the day of injury or the day returned to duty. Do not count days when personnel were not scheduled to work.

Attachment 2

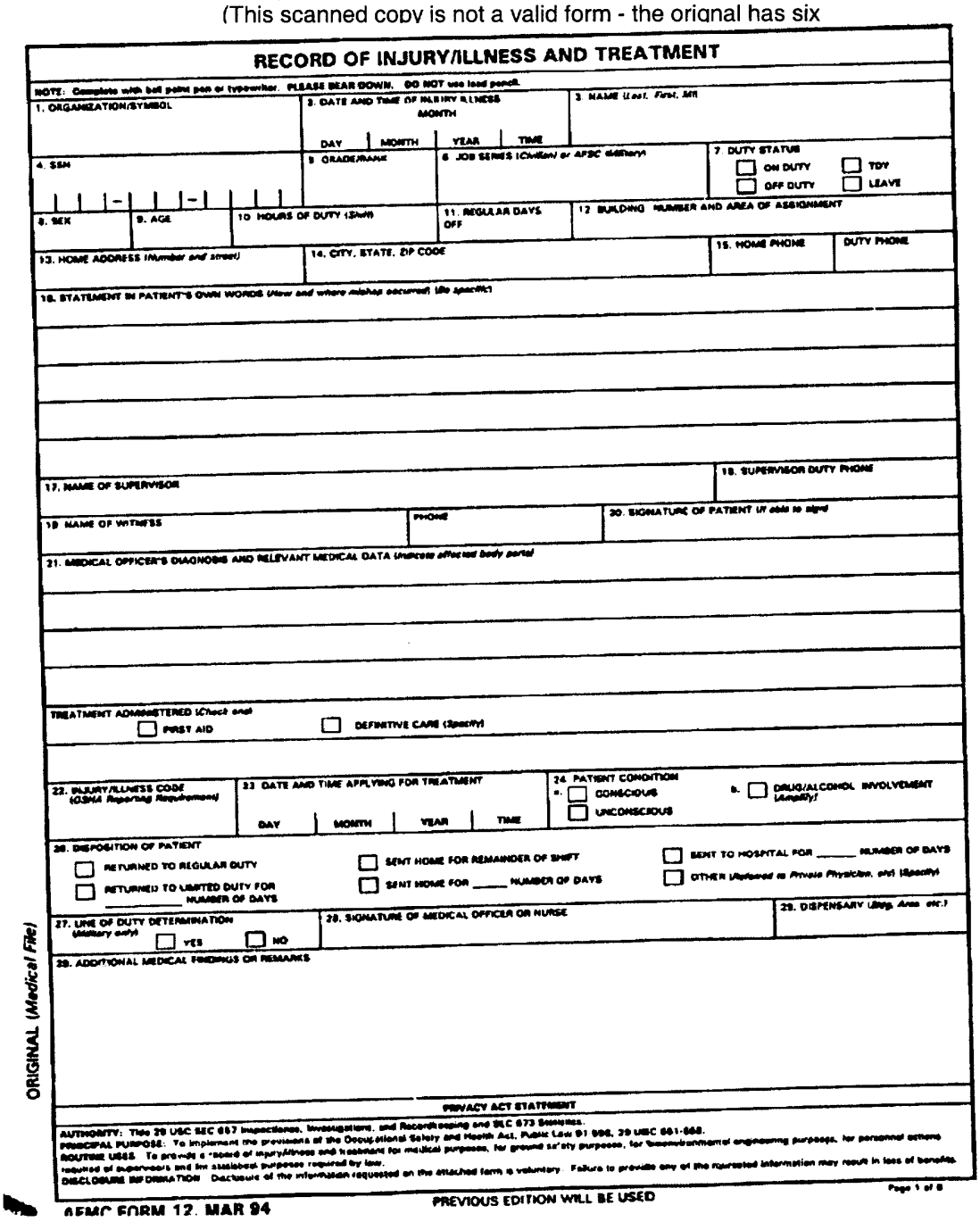
AFMC FORM 12, RECORD OF INJURY/ILLNESS AND TREATMENT

Figure A2.1. AFMC Form 12.

Attachment 2

AFMC FORM 12, RECORD OF INJURY/ILLNESS AND TREATMENT

(This scanned copy is not a valid form - the original has six



RECORD OF INJURY/ILLNESS AND TREATMENT

NOTE: Complete with ball point pen or typewriter. PLEASE BEAR DOWN. DO NOT use lead pencil.

1. ORGANIZATION/SYMBOL
2. DATE AND TIME OF INJURY/ILLNESS — MONTH / DAY / MONTH / YEAR / TIME
3. NAME (Last, First, MI)
4. SSN
5. GRADE/RANK
6. JOB SERIES (Civilian or AFSC (Military))
7. DUTY STATUS — ☐ ON DUTY ☐ TDY ☐ OFF DUTY ☐ LEAVE
8. SEX
9. AGE
10. HOURS OF DUTY (Shift)
11. REGULAR DAYS OFF
12. BUILDING NUMBER AND AREA OF ASSIGNMENT
13. HOME ADDRESS (Number and street)
14. CITY, STATE, ZIP CODE
15. HOME PHONE
DUTY PHONE
16. STATEMENT IN PATIENT'S OWN WORDS (How and where mishap occurred) (Be specific)
17. NAME OF SUPERVISOR
18. SUPERVISOR DUTY PHONE
19. NAME OF WITNESS
PHONE
20. SIGNATURE OF PATIENT (If able to sign)
21. MEDICAL OFFICER'S DIAGNOSIS AND RELEVANT MEDICAL DATA (Indicate affected body part(s))
TREATMENT ADMINISTERED (Check one) ☐ FIRST AID ☐ DEFINITIVE CARE (Specify)
22. INJURY/ILLNESS CODE (OSHA Reporting Requirement)
23. DATE AND TIME APPLYING FOR TREATMENT — DAY / MONTH / YEAR / TIME
24. PATIENT CONDITION a. ☐ CONSCIOUS ☐ UNCONSCIOUS b. ☐ DRUG/ALCOHOL INVOLVEMENT (Amplify)
25. DISPOSITION OF PATIENT ☐ RETURNED TO REGULAR DUTY ☐ RETURNED TO LIMITED DUTY FOR _____ NUMBER OF DAYS ☐ SENT HOME FOR REMAINDER OF SHIFT ☐ SENT HOME FOR _____ NUMBER OF DAYS ☐ SENT TO HOSPITAL FOR _____ NUMBER OF DAYS ☐ OTHER (Referred to Private Physician, etc) (Specify)
27. LINE OF DUTY DETERMINATION (Military only) ☐ YES ☐ NO
28. SIGNATURE OF MEDICAL OFFICER OR NURSE
29. DISPENSARY (Bldg. Area, etc.)
30. ADDITIONAL MEDICAL FINDINGS OR REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: Title 29 USC SEC 657 Inspections, Investigations, and Recordkeeping and SEC 673 Standards.
PRINCIPAL PURPOSE: To implement the provisions of the Occupational Safety and Health Act, Public Law 91 596, 29 USC 651-668.
ROUTINE USES: To provide a record of injury/illness and treatment for medical purposes, for ground safety purposes, for environmental engineering purposes, for personnel actions required of supervisors and for statistical purposes required by law.
DISCLOSURE INFORMATION: Disclosure of the information requested on the attached form is voluntary. Failure to provide any of the requested information may result in loss of benefits.

ORIGINAL (Medical File)

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Attachment 3

CIVILIAN RETURN TO DUTY FORM

NOTE: (Sample – Locally produced form should be developed.)

Figure A3.1. Return To Duty Form.

Attachment 3

CIVILIAN RETURN TO DUTY FORM

CIVILIAN RETURN TO DUTY DATE

FROM: 74 AMDS/SGPO TIME IN

TO SUPERVISOR OF:

LAST NAME_____FIRST NAME _____ MI____

SSAN (last four)_____DOB _____ SEX (circle) _____ MF

ORGANIZATION & OFFICE SYMBOL_____DUTY PHONE ____

WORK RELATED: (circle) **INJURY** **ILLNESS** **NOT WORK RELATED**

If work related, date AFMC Form 12 originally filed: _____

DIAGNOSIS: _____ _____ _____ _____

ICD - 9 **TYPE**

WORKER'S CHOICE OF CARE PHYSICIAN: [ ] WP OCC MED; [ ] WP MED CENTER; [ ] PRIVATE MEDICAL PHYSICIAN

OCCUPATIONAL MEDICINE RECOMMENDATION:

_____ **RETURN TO REGULAR DUTY**

_____ **NOT CLEARED FOR DUTY, SENT HOME TO RETURN TO_____ ON_____.**

(where)_____(date)

_____ **NOT CLEARED FOR DUTY; SENT TO SEE PRIVATE MEDICAL PHYSICIAN (PMD);**

RETURN TO _____ ON _____ .

(where) (date)

(Worker must be cleared by Bldg 675 before returning to duty. For extended absences, supervisor may consult Occupational Medicine Services at 255-4809

_____ **TEMPORARY LIMITATIONS EXPIRE ON_____THEN RETURN TO REGULAR DUTY.**

_____ **TEMPORARY LIMITATIONS EXPIRE ON_____; RETURN TO OMS ON OR BEFORE THAT DATE.**

(PLEASE ENSURE WORKER HAS MADE FOLLOW-UP OCCUPATIONAL MEDICINE APPOINTMENT

PHONE (937) 255-4809)

Estimated duration of this problem is not expected to exceed_____.

_____ **PERMANENT** (Please contact your employee relations specialist with questions regarding accommodations and placement.)

DESCRIPTION OF LIMITATION (SPECIFIC TO JOB):

_____

_____

_____

_____

You may contact the Occupational Medicine Physician by commercial phone (937) 255-4809, DSN 787-4809 or commercial fax (937)986-4062, DSN fax 986-4062 with questions regarding these limitations.

_____ _____ _____

WP OCCUPATIONAL MEDICINE SIGNATURE & STAMP DATE TIME OUT

PRIVACY ACT STATEMENT

AUTHORITY: Title 29 USC SEC 657 Inspections, Investigations, and Recordkeeping and SEC 673 Statistics

PRINCIPLE PURPOSE: To implement the provisions of the Occupational Safety and Health Act, Public Law 91-596, 29 USC 651-668.

ROUTINE USES: To provide a record of worker duty limitations for medical purposes, for ground safety, for personnel actions required of supervisors and for statistical purposes required by law.

xxxx Form xxx, MM YY□

Note: The orignal has four individual copies that need to be distributed. The supervisor copy should not discolose the diagnosis, DOB, or SSAN.

Attachment 4

RETURN-TO-DUTY WORKING GROUP CHARTER

Purpose:

The purpose of the Return-To-Duty (RTD) Working Group (WG) is to return civilian workers to full or limited duty as soon as he or she can perform the duties of the position held at the time of injury. If the worker cannot be accommodated in the position held at the time of the injury, a temporary light duty position will be offered for equivalent wages. Preferably, temporarily disabled employees will be returned to their established position. The goal is to return workers back to productive roles while still considering the worker's health and installation mission requirements. Unless directed otherwise by the multidisciplinary team, the RTD WG reviews employee cases that exceed expected recovery period. The RTD WG meetings will be held on an as needed basis to ensure employee cases are reviewed in a timely manner.

Members:

- Civilian Personnel Office (CPO) Representative – The RTD WG Chairperson

- Federal Medical Treatment Facility Physician

- Medical Nurse Case Manager (MCM)/Public Health (PH) Representative

- Commander's/Supervisor's Representative (highly recommended)

- Safety (SE) Representative (as required)

- Bioenvironmental Engineering (BE) Representative (as required)

- Union Representative, as required by local labor contract(s) or as deemed necessary by the multidisciplinary team

- Department of Labor Case Managers (if assigned)

Objectives:

- Provides recommendations to the multidisciplinary team and commanders on the types of duties and restrictions appropriate for the employee.

- Establishes and maintains the Job Listing for Light Duty positions on the installation.

- Uses published guidelines to determine the appropriate time to return employees back to full time or part time duties (i.e. Official Disability Advisor or Occupational Disability Guidelines).

- Minimizes the number of employees receiving continuation of pay or long-term disability compensation by restoring them to a productive status.

- Recommends cases for Office of Special Investigations (OSI) involvement due to appearance of fraudulent actions.

Responsibilities:

- RTD WG Chairperson establishes meeting schedule based on caseload and program needs.

- CPO chairs the RTD WG unless otherwise directed by the multidisciplinary team. The Chairperson is responsible for the conduct of the meeting and standard of communication between members.

- RTD WG reviews cases that exceed expected recovery period for lost or limited duty time based on diagnosis and severity and the functional duty requirements of the job.

- Chairperson ensures each member's input is considered.

- Chairperson makes the final judgment in cases where resolution is not reached. At no time should the recommendation be counter to good medical practice standards. It should be in accordance with occupational, safety, and health standards, and other applicable AF requirements.

- RTD WG considers the Job Listing for light-duty positions in finalizing recommendations.

- Individual cases of personnel not currently employed, but receiving disability payments, can be reviewed at the discretion of any of the members. However, active employee cases will be worked first.

- Directs further investigations when adequate information is unavailable to make an objective decision.

- RTD WG activities should not interfere with normal duty reviews in occupational medicine, flight medicine, family practice, public health, or by clinical or administrative case managers. Employees can be returned to duty without the working group's review.

- When the RTD WG recommendations involve persons or agencies outside of the installation, an appropriate working group member will be designated to contact the responsible agency or person in order to apply the recommendations.

Reporting Phase:

- Minutes will be maintained concerning cases reviewed, recommendations, and outcomes with appropriate regard for HIPPA and medical information privacy of personnel reviewed.

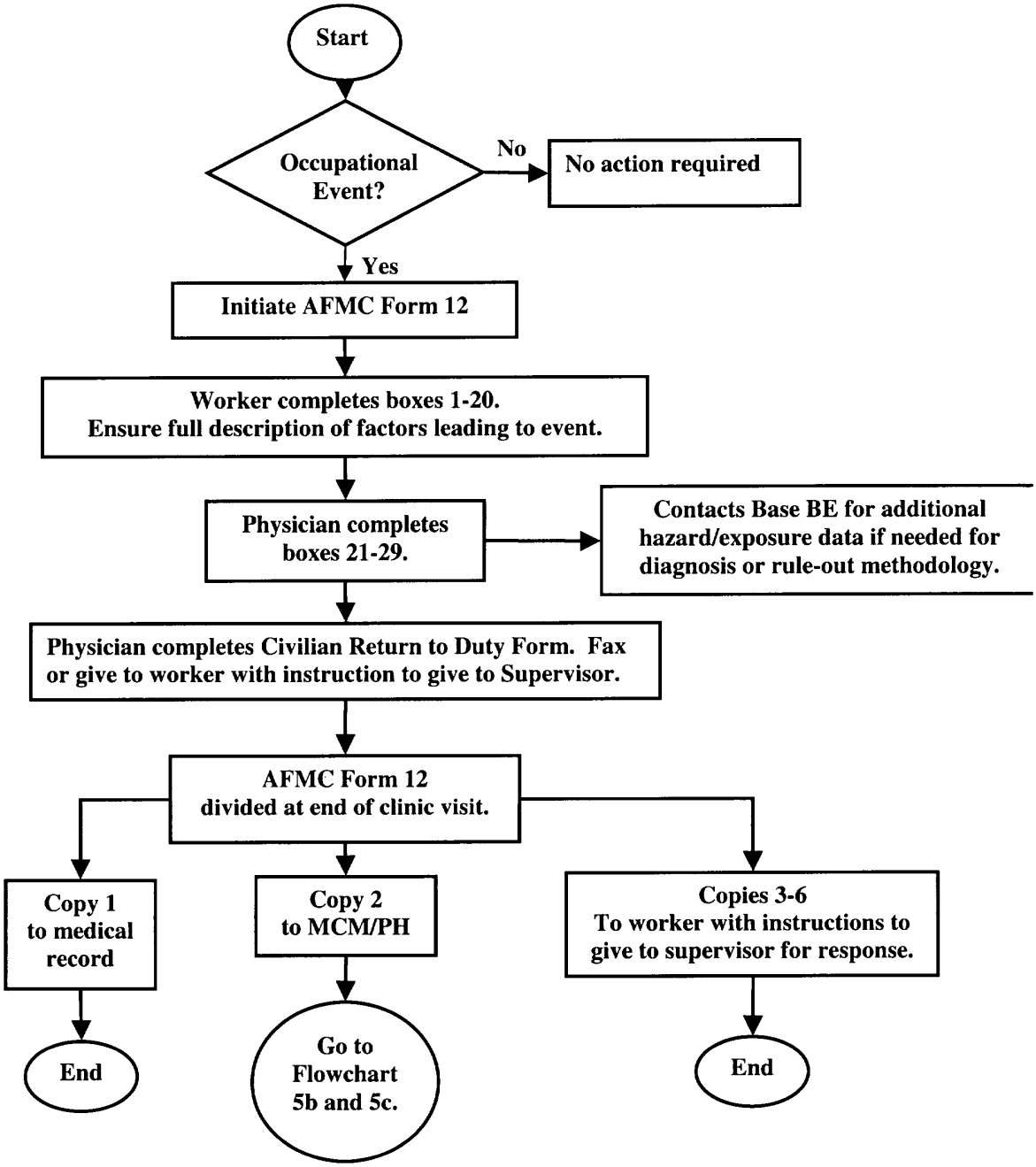
- Outcome metrics will be calculated by a designated RTD WG member and reported quarterly at the multidisciplinary team.

Attachment 5

OCCUPATIONAL INJURY/ILLNESS PROCESS FLOW – IDENTIFICATION PHASE

Figure A5.1. Occupational Injury/illness Process Flow.

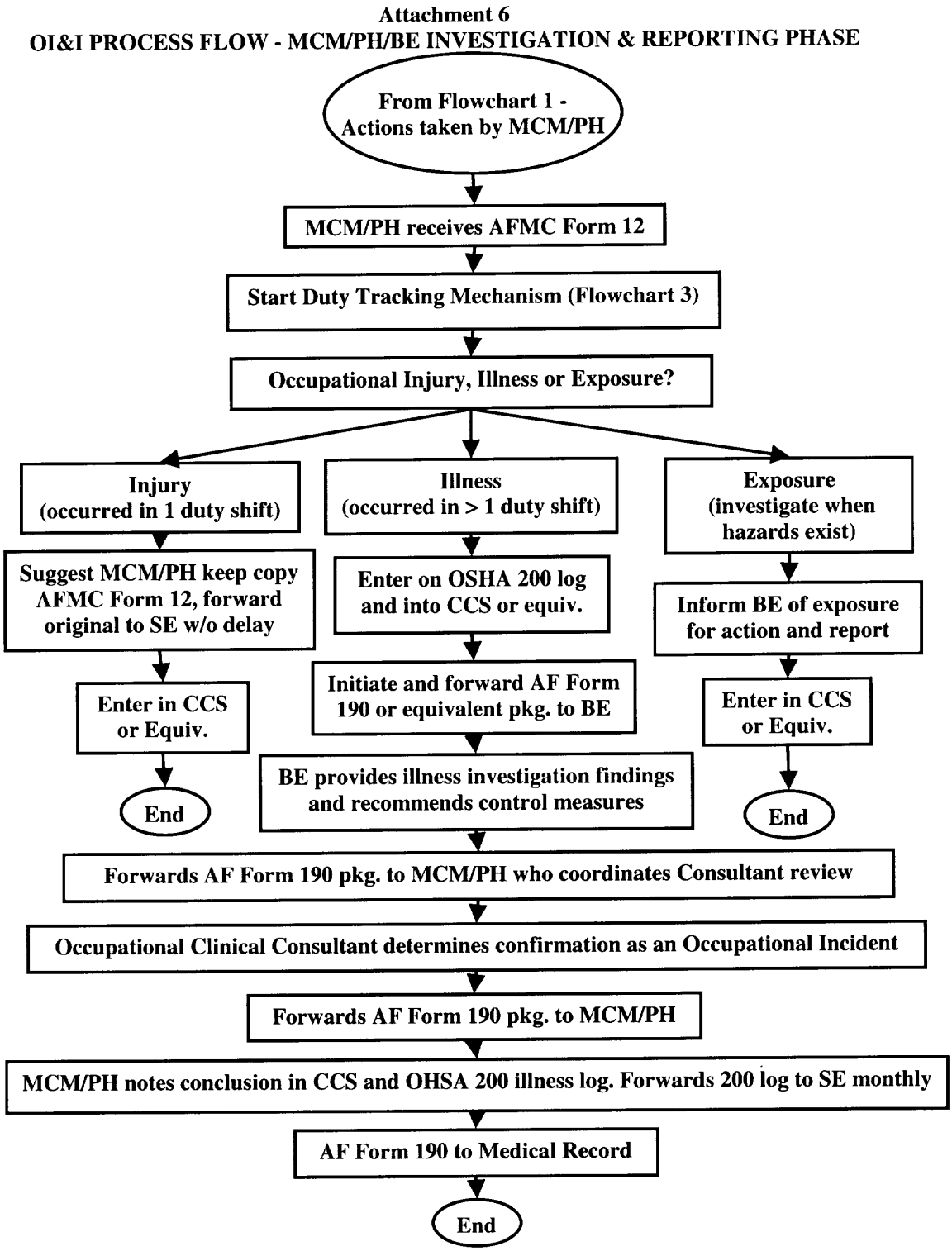
Attachment 5
OCCUPATIONAL INJURY/ILLNESS PROCESS FLOW – IDENTIFICATION PHASE



Attachment 6

OI&I PROCESS FLOW - MCM/PH/BE INVESTIGATION & REPORTING PHASE

Figure A6.1. Oi&i Process Flow Investigation & Reporting Phase.

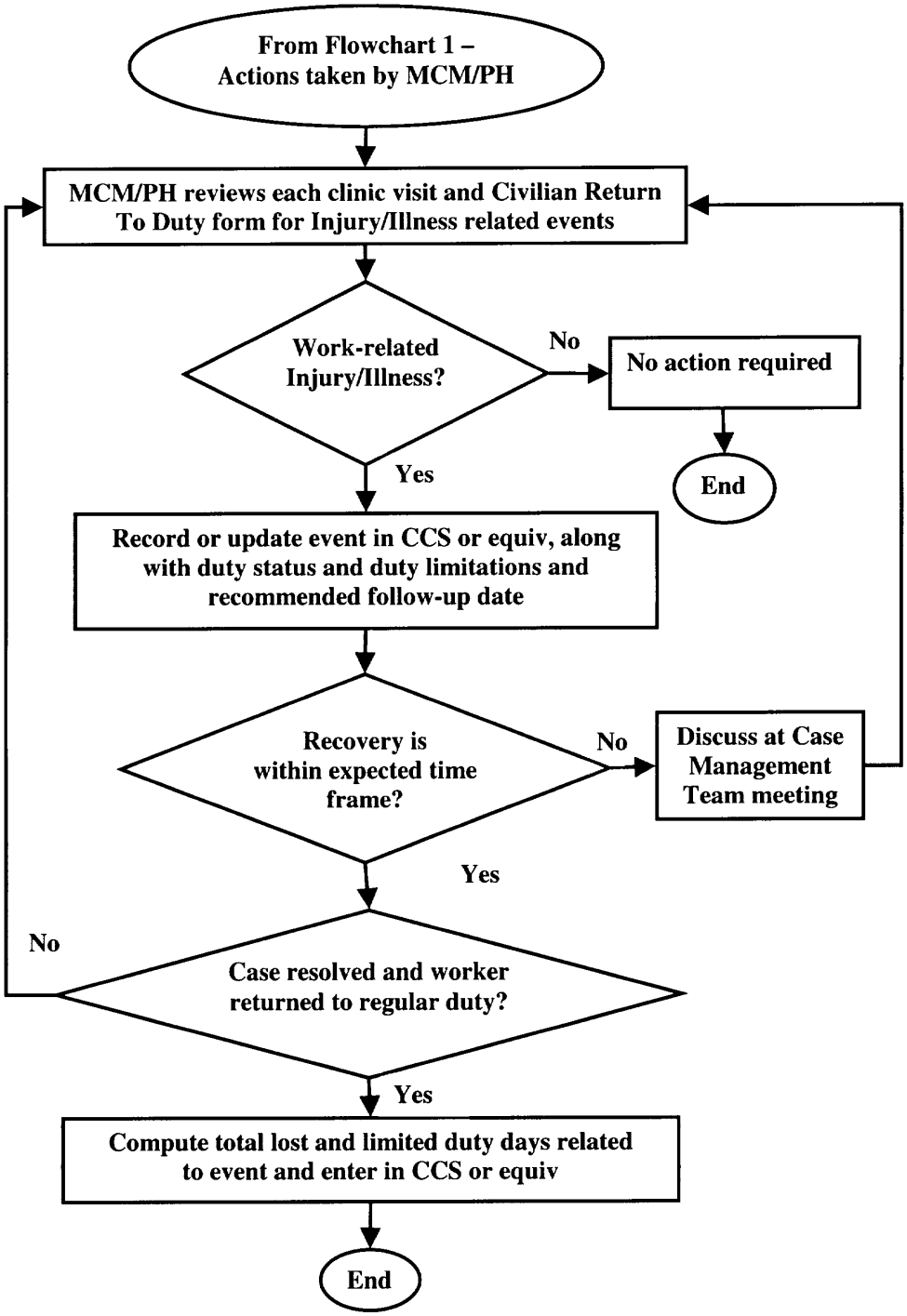


Attachment 7

OI&I PROCESS FLOW – MCM/PH CASE MANAGEMENT PHASE

Figure A7.1. Oi&i Process Flow Case Management Phase.

Attachment 7
OI&I PROCESS FLOW – MCM/PH CASE MANAGEMENT PHASE



Attachment 8

GUIDANCE FOR PERSONNEL COMPLETING AF FORM 190 BIOENVIRONMENTAL ENGINEERING SURVEY

Guidance for Personnel to Complete AF Form 190, Block 31 Bioenvironmental Engineering Survey

Duties/Tasks

- Identify job title(s), work performed, duration of activities, and location(s) where work is/was performed

Hazards, Exposures

- Identify the tasks as they are (or were) performed by the worker, including:

    - worker techniques and scheduling patterns that could affect exposures

    - tools, machinery, materials, handling practices, accessory equipment, and work locations; and operating procedures and references such as T.O.s, process sheets, operator's manuals

- Identify materials or agent(s) handled, used directly, or in operations, or areas near the worker who sustained an injury or has suspected occupationally related illness signs and symptoms

- Establish the agent for the illness, or the precise chemical or physical form of the agent:

    - tools and equipment (and any defects existing at the time of the mishap) and environmental conditions

    - dust, fumes, and mists including size ranges as appropriate

    - vapors and gases, including solubility of agents that might affect absorption in the body

    - electromagnetic radiation including range of wavelength or energy bands

    - muscular-skeletal stresses including repetition frequency, duration, forces, and awkward positioning and postures

    - vibration and noise frequency, duration, and levels

- Collect information from the shop folder/records or case file, especially air sampling data, which indicate the magnitude of exposure for the worker's job or for similar jobs

- Evaluate potential exposure to chemical agent(s) through inhalation, ingestion, absorption, and direct contact

- Evaluate the potential for ingestion, including:

    - access to washing facilities before smoking, eating, or drinking

    - food or drink storage and preparation areas

    - cleanliness of surfaces in food preparation and eating areas

    - wearing heavily soiled work clothes in lunch areas

Evaluate Hazard Controls and Personal Protective Equipment (PPE)

- Identify control measures for the hazards under investigation, including:

    - guards and other protective devices local, general exhaust, or re-circulated ventilation

- effectiveness of PPE (as certified in survey reports, attenuation of hearing protection)

- condition and maintenance of the facility and equipment to include any engineering systems, ventilation, and PPE

- required preventive maintenance, such as length of time between changing filters or cartridges on respirators

- condition of the facility and equipment at the time of the injury/illness

- supply pressure for airline respirator (NIOSH certification and manufacturer's requirements)

- acceptable test results/measurements for equipment/supplies; such as hoist weight tests, or compressed breathing air quality sample results, etc.

- training in the use of PPE, work practice, and engineering controls to include recurring training

- training on the use of tools, equipment, processes, vehicles etc. to include recurring training

- training certificates and records for respirators (AF Form 2772 and AF Form 55)

- training as a result of previous similar occurrence of injury/illness involving the workers or workplace

- laundering, PPE maintenance and cleaning, and use of change rooms

- general housekeeping procedures such as storage of equipment and materials (including flammable storage and waste disposal), dry sweeping, spill cleanup, material storage, washing before handling food or drink, and cleanliness of work areas

Noncompliance Factors

- Incorrect PPE, may include but not limited to:

- improper/missing training
- unauthorized hazardous materials
- improper workplace hygiene (i.e., food/drink in an ingestion hazard work area)